

MEMORIAL CANDLE

**Cemetery of the Holy Rood
P.O. Box 182
Westbury, N.Y. 11590-0182
516-334-7990**

Donor's Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

** Candle Location: _____ Number: _____ Exp. Date: _____

1 Year _____

2 Years _____

IN MEMORY OF:

**Note: Holy Rood Phase II - First & Last Name
All Others - First Initial & Last Name Only*

Cemetery Representative

Donor's Signature

Donor's Telephone Number

** Candle selection requires confirmation of cemetery records. It is recommended that you visit our office to complete the selection process.

Office Use Only:
Date: _____
Donation: _____
Computer Ref: _____

Prices:
Holy Rood Chapel - Phase II: \$200 for 2 years
All Others: \$75 per year

MEMORIAL CANDLE

Holy Sepulchre Cemetery
3442 Route 112
Coram NY 11727
631-732-3460

Queen of All Saints Cemetery
115 Wheeler Road
Central Islip NY 11722
631-234-8297

Donor's Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

****Candle Location:** _____ **Number:** _____ **Exp. Date:** _____

1 Year - \$ 75.00

2 Years - \$150.00

IN MEMORY OF:

First Initial & Last Name Only

Cemetery Representative

Donor's Signature

Donor's Telephone Number

**** Candle selection requires confirmation of cemetery records. It is recommended that you visit our office to complete the selection process.**

Office Use Only:

Date: _____

Donation: _____

Computer Ref: _____